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Patent
24730-7153

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Jonathan S. Stinson

Serial No.: 09/852,541

Filed: May 10, 2001

For: NEUROANEURYSM OCCLUSION
AND DELIVERY DEVICE AND
METHOD OF USING SAME

Group Art Unit: 3738

Examiner: Cheryl L. Miller

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AMENDMENT TRANSMITTAL

TECHNOLOGY CENTER R3700

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith in response to Office Action, mailed 10/01/2002, for the above-identified application, are the following:

- ☒ Amendment and Response to Office Action (10 pages)
- ☒ Prosecution by Assignee and Power of Attorney (2 pages)
- ☒ Transmittal with certificate of mailing (3pages)
- ☒ Return Postcard.

CERTIFICATE OF MAILING
(37 C.F.R. §1.8)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposit with the Unites States Postal Services on the date shown below with sufficient postage as "First Class Mail" to addressee in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

12/02/02
Date of deposit

Carolyn Tobias

Name of Person transmitting Paper

Carolyn Tobias
Signature of Person depositing Paper

Extra Claim Fee:

The applicant initially paid for 23 claims and three independent claims. With this amendment the total claims is now 26 with three independent claims. Submitted herewith is \$54.00 for the extra three claims.

Request for Extension of Time:

The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply.

3. ☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

	EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/>	one month	\$55.00	\$110.00
<input type="checkbox"/>	two months	\$200.00	\$400.00
<input type="checkbox"/>	three months	\$460.00	\$920.00
<input type="checkbox"/>	four months	\$720.00	\$1,440.00
<input type="checkbox"/>	five months	\$980.00	\$1,960.00
		Fee	\$110.00

- ☒ If any extension fee is required, please consider this a petition therefor.

Method of Payment of fees:

- ☐ Check in the amount of \$_____ is enclosed to cover the above fee(s).
- ☒ Charge Bingham McCutchen's Deposit Account No. **50-1189** in the amount of **\$164.00** to cover the extra claim and the one month extension of time fees.

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☒ The Commissioner is authorized to charge Bingham McCutchen's Deposit Account No. **50-1189** for any fees required under 37 CFR §§ 1.16, 1.17 and 1.445 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account No. **50-1189**.

Respectfully submitted,
BINGHAM McCUTCHEN LLP

Dated: 12-2-02

By: DT Burse
David T. Burse
Reg. No. 37,104

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AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Prior to examination of the above-captioned application, please amend the application as follows:

In the Claims:

Please cancel claims 47-55 without prejudice to pursue these claims in a continuation application, please amend claims 33, 34, 36-38, and 45, and please insert new claims 56-67, as follows:

33. (Once Amended) An occlusion device delivery system comprising:
- a tubular body including a proximal end, a distal portion, a distal end on the distal portion, and a length between the distal end and the proximal end;
 - an occlusion device positioned on the distal portion of the tubular body; and

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